

burn. Two weeks after leaving the hospital he developed a tremor and general nervousness, and failure of memory. He is unable to walk much and has vertigo. He has rigidity of the right hand. Spots of anesthesia over face. Another case of hysteria and tabes combined, the functional symptoms being evident by hysterical crying, hyperesthesia of the chest, and other sensory symptoms not explainable by tabes alone.

W. B. NOYES (New York).

MYASTHENIA GRAVIS. F. G. Finley (Montreal Med. Jour., July, 1902).

The author reports the details of an interesting case of this comparatively rare disease which was treated at the Montreal General Hospital. The patient, a male, forty-nine years old, no evidence of syphilis, alcohol very moderate, has always enjoyed good health up to the present illness. Occupation, engine driver. Eight to ten years ago had injury to scalp and severe blow on head in a railway accident, full recovery from same. Family history negative. Present illness began September, 1901, with weakness in arms, then of legs, and later in muscles of jaw. Difficulty in swallowing, particularly solids. Thickness of speech, and dribbling of saliva from lips, which was early noted. Loss of weight, attributed to inability to take sufficient nourishment. Symptoms vary in intensity from time to time, and patient is usually better in the morning than evening. Memory and intelligence are good. Motor power in arms and legs not diminished. Muscles medium sized and flabby. Inability to whistle well. Tongue protrudes to the right, slight tremor of same. Soft palate hangs to right and is flabby. Slight weakness of adductors of vocal cords, more on right than left. Difficulty in swallowing, at times regurgitation. Pupils, fundus, ocular muscles negative. Knee-jerks slightly increased. Plantar reflex normal. Slight thickening of radial arteries, abdominal and thoracic viscera normal. Temperature for sixteen days, while at hospital, subnormal (95.1-5 deg. F., to 98.1-5 deg. F.). Pulse 64 to 84. Marked changes from day to day, as to weakness, noted in the bulbar muscles. At times almost entire absence of weakness, no difficulty in swallowing or thickness of speech. Muscles responded readily to faradism, no diminution after repeated stimulation. Diagnosis based on weakness of bulbar muscles and marked variations of power from day to day and improvement exhibited after night's rest, particularly of swallowing. Early involvement of jaw suggestive of pseudo type rather than true bulbar palsy, where it occurs in the more advanced stages. Slight degree of weakness, greater on right than left, in protruding tongue, lessened degree of adduction of right vocal cord, *etc.*

J. E. CLARK (New York).

A CONTRIBUTION TO THE TREATMENT OF SPASMODIC WRY-NECK. George R. Elliot (N. Y. Med. Jour., Oct. 11, 1902).

The writer analyzes a form of wry-neck which is purely a nervous disease. It is characterized by a spasm of the muscles supplied by the spinal accessory and sometimes by the upper cervical nerves. The patient is usually neuropathic and of bad heredity. The sternomastoid and trapezius muscles are the ones usually involved. The head is inclined to the affected side by the trapezius, the chin is raised, and the head is rotated to the opposite side by the sternomastoid and trapezius. The spasm is intermittent. These cases have not always been cured by nerve resection and muscle cutting. The author advises an apparatus with a chin piece, a rotating spring, and two uprights. It is movable and restricts the spasm.

W. B. NOYES (New York).

SOME OBSERVATIONS UPON DELUSIONS, IMPULSIVE INSANITY AND MORAL IDIOCY. Bernard Oettinger (American Journal of Medical Sciences, December, 1902).

The question of sanity should be based more on the individual's demeanor and conduct in its entirety, or the collective reaction to slight stimuli rather than upon expression of any single delusion, however

bizarre. Impulsive insanity should include those forms of degenerative insanity wherein the subject is possessed of morbid propensities and impulses and wherein, if the latter be consummated by action, the same is undertaken without a clear motive, but because an irresistible impulse so to act is experienced. Moral insanity is a form of imbecility characterized by the absence or enfeeblement of those emotions which combat the inconsiderate gratification of egotism. What Pinel termed *manic sine delire* may be resolved into three classes: (1) Certain forms of degenerative insane states, impulsive insanity and moral idiocy, both as a rule unassociated with false beliefs; or where, like the aura of epilepsy, the hallucination has no causal relation to the reflex movement; (2) instances in which the subject is possessed by delusions, but these were slight and associated with reasoning power; (3) cases of active melancholia, in which the constant dread of something unknown but fearful is translated into a violent act. The idea of moral insanity was extended by Pritchard to include a moral perversion of the natural feelings, affections, inclinations and impulses, without any remarkable disorder or defect of the intellect and particularly without any insane illusion or hallucination. The writer believes that the phrases moral and impulsive insanity should be avoided. The best authorities today look upon the mental types which they represent as degenerative forms of mental alienation.

W. B. NOYES.

URBAN SELECTION AND MENTAL HEALTH. J. A. Macpherson (Review of Neurology and Psychiatry, Feb., 1903, No. 2).

The author presents a short statistical note bearing on the physical changes of type consequent on urban selection. The first is an increased dolichocephaly, the second point bears on the variation in height, in some cities the country inhabitants are taller, in others the urban population. An increased "brunetness" is thought to be a further result. The selected urban type then is tall, dolichocephalic, dark haired and dark eyed. Mentally it is vigorous, quick-witted, capable of endurance, and self-controlled. Fond of amusement, it is not readily overcome by excitement, and does not yield itself easily to excesses. As regards alcohol it ought to have undergone a special evolution. The immigrant fresh from the country is confronted by all the sordid features and must run the gauntlet of zymotic disease, alcohol, syphilis and tuberculosis. On the question of insanity it is not clear whether the author thinks that there is more insanity in urban populations than in the country. The tendency of the argument seems to be that the many factors in city life tend to raise the incidence of mental deterioration.

JELLIFFE.

THE PROMINENT EYE. A. Haig (Med. Record., Oct. 11, 1902).

The underlying cause common to Grave's disease and minor conditions of prominent eye is high blood pressure, and this the author holds is due to the presence of uric acid in the blood. Only rarely do new growths or myopia cause prominence or retraction of the eye. The prominent eye is often met with in cases of high blood pressure (migraine), headache, enlargement of the thyroid occurs in most women during menstruation when the blood pressure is raised; the quick pulse is met with in all high blood pressure conditions. With the prominent eye is associated a puffiness or distended condition of the skin, which may later relax. Conditions which hinder the circulation through the lungs, such as bronchitis, asthma, and emphysema, increase the prominent eye; also coughing, straining, heavy exertion, or mental excitement. The prominent eye tells us whether there is high blood pressure, how long it has been there, and whether the heart has slowly and steadily hypertrophied or not.

W. B. NOYES (New York).